

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) McCONOMY, SR. Paul L.
(Name of Plaintiff) (Inmate Number)
720 NORTH ORANGE STREET
P.O. BOX 1517
WILMINGTON, DE 19899
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Case Number)
(to be assigned by U.S. District Court)

(Complete Address with zip code)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

CIVIL COMPLAINT

(1) STATE OF DELAWARE
GOVERNOR
(2) MINNER, RUTH ANN (ETALS)
(3) (SEE ATTACHED LIST)
(Names of Defendants)

Jury Trial Requested

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

L. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? Yes No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? Yes No
- C. If your answer to "B" is Yes:
 - 1. What steps did you take? I Filed the GRIEVANCES NECESSARY & THE D.O.C & FIRST CORRECTIONAL MEDICAL & DR ALIE ORDERED A CLINICAL SLEEP TEST AT ST. FRANCIS HOSP.
 - 2. What was the result? THE TEST PROVED CONCLUSIVELY THAT I HAD SEVERE "SLEEP APNEA" AND REQUIRED A C-PAP BREATHING MACHINE!
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: STATE OF DELAWARE (MINNER, RUTHANN GOVERNOR
 Employed as GOVERNOR at Legislative Hall
 Mailing address with zip code: DOVER, DELAWARE 19901

(2) Name of second defendant: TAYLOR, STANLEY

Employed as HEAD OF DEPT OF CORRECTIONS,

Mailing address with zip code: DOVER, DE 19901

(3) Name of third defendant: (see list)

Employed as _____ at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

(see attached sheet)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. AFTER, ALLOWING ME TO HAVE A "C-PAP" (LIFE SUPPORT, BREATHING MACHINE) FOR 9 MONTHS, ON NOV. 11th 2003 DR. ALIE OF FIRST CORRECTIONAL MEDICAL ORDERED, MY C-PAP BE TAKEN AWAY WITHOUT ANY CLINICAL TESTING OR JUSTIFICATION. TWO MONTHS EARLIER, KATHY NEWELL OF FIRST CORRECTIONAL MEDICAL, TRIED IN VAIN TO GET DR. ALIE TO AUTHORIZE A PURCHASE OF A NEW MASK FOR MY C-PAP (MY OLD ONE BROKE BADLY AND COULD NOT BE USED WITHOUT MUCH DISCOMFORT).
2. THROUGH THE GRIEVANCE PROCEDURES A CLINICAL SLEEP TEST WAS PERFORMED @ ST. FRANCIS HOSPITAL. 90 DAYS LATER, DR. BURNS (7-27-5) READ THE REPORT AND SAID, "MR. MC CONOMY, YOU NEED A C-PAP" I HAVE HAD SLEEP APNEA FOR 20 YEARS WITH A \$"C-PAP" MACHINE.

(4-1-5) Finally, on Aug. 19th SCI INFIRMARY GAVE ME A C-PAP (FULL FACE). THE MASK WOULD NOT WORK PROPERLY, WHICH DR. ALIE VERIFIED ON 8-23-04, WHEN SHE MET ME IN MY ROOM @ DCC INFIRMARY. DR. ALIE BOUGHT ME ANOTHER NASAL ONLY MASK BUT COULD NOT FIT IT PROPERLY FOR ME! SHE THEN ORDERED ANOTHER FULL FACE MASK. BUT IT WAS THE SAME AS THE FIRST FULL FACE MASK AND LEAKED AIR & MADE ME DIZZY!

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. BECAUSE OF THE SUFFERING (SLEEP DEPRIVATION & DANGER OF HEART ATTACK OR STROKE, SHORTNESS OF BREATH AND CHEST PAIN) MY HEART & LUNGS AND OTHER VITAL ORGANS HAVE BEEN STRESSED! THE MENTAL ANGUISH OF USING A WASH CLOTH TO KEEP MY MOUTH OPEN, WHILE TRYING TO SLEEP AND WONDERING WHEN I MIGHT HAVE A HEART ATTACK OR STROKE, ADDED TO THE CONSTANT TORTURE OF WANTING TO SLEEP (YAWNING ETC.) ALL DAY NOT BEING ABLE TO CONCENTRATE OR READ OR THINK CLEARLY! I WANT THE PARTIES HEREWITNESS NAMED

as defendants, to pay me compensation for all damage to my vital organs, shortening my life expectancy and mental / physical pain & suffering. Also, it surgery will alleviate my Sleep Apnea condition, I want these defendants to pay for my surgery which they should have done while I was in PRISON because they could not supply me with a working C-PAP MASK OR C-PAP for the Thirty (30) months of my incarceration!

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10th day of NOVEMBER, 2005

Paul F. McConroy Jr. (PROCE)
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

LIST OF DEFENDANTS

& ADDRESSES

① STATE OF DELAWARE,
GOVERNOR
MINNER, Ruth ANNE

DOVER, DE. 19901

② STATE OF DELAWARE
DEPT. OF CORRECTIONS
TAYLOR, STANLEY

DOVER, DE 19901

③ FIRST CORRECTIONAL MEDICAL
ALIE, SATTIE, MD.

(F.C.M.)
HEAD OF ALL
DELAWARE PRISON
MEDICAL

6861 NORTH ORACLE
TUCSON, AZ 85704

④ FIRST CORRECTIONAL
MEDICAL (F.C.M.)

KASJRE, TAMMY MD. (CEO)
(TAMMY)

6861 NORTH ORACLE ROAD
TUCSON, AZ 85704

⑤ CORRECTIONAL MEDICAL SERVICES (C.M.S.)

MILES, RICHARD H. MD. (C.E.O.)

12647 OLIVE BLVD.
P.O. BOX 419052
ST. LOUIS, MO 63141-9052

⑥ CORRECTIONAL MEDICAL SERVICES (C.M.S.)

HOOPER, MD, MIKE

"NEW"
HEAD OF ALL
DELAWARE PRISON
MEDICAL

12647 OLIVE BLVD.
P.O. BOX 419052
ST. LOUIS, MO 63141-9052

⑦ CORRECTIONAL MEDICAL SERVICES (CMS)

Rodgers, MD.

HEAD MEDICAL DOCTOR
OF SMYRNA PRISON
(TWO ADDRESSES)

12647 OLIVE BLVD.
P.O. BOX 419052
ST. LOUIS, MO 63141-9052

1181 PADDICK
ROAD
SMYRNA, DE.
19977

⑧ D.O.C.
SCI

KEARNEY, RICK (WARDEN)

P.O. BOX 500

GEORGETOWN, DE

19947

⑨ YOUNG CORRECTIONAL CENTER
Williams, (WARDEN) (3-20-03
TO PRESENT)

1301 E. 12th ST.
WILMINGTON, DE 19802

← (OVER)

(10) CORRECTIONAL Medical Services (C.M.S.) P.O. Box 419052
ST. LOUIS, MO 63141
MELANEY, CHRIS (Administrator) 1181 Paddock
RD.
(SMYRNA, DE) SMYRNA, DE 19977

11 D.O.C. D.C. C.
CARROLL, (WARDEN) 1181 Paddock Rd.
SMYRNA DE 19977
TOPPI 34,9904

③ TAYLOR, SAWYER
 10528 SA, MONT
 10528 SA, MONT
 (M, 27) (M, 27)
 10528 SA, MONT
 10528 SA, MONT
 (M, 27) (M, 27)